

Session #: \_\_\_\_\_

Day: \_\_\_\_\_

**STORYTIME REGISTRATION FORM**

Child's Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Numbers:

(Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Emergency) \_\_\_\_\_

Email Address \_\_\_\_\_

Allergies or Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

How did you find out about the Storytime Program? (please check one)

Joined Last Year \_\_\_ In Library \_\_\_ School Presentation \_\_\_ Word of Mouth \_\_\_ Radio \_\_\_  
Newspaper \_\_\_ Posters Around Town \_\_\_ Facebook \_\_\_ Library Website \_\_\_

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\*\*I DO **OR** I DO NOT want my child's name/photo/work displayed in any newspaper, media, or in the library.  
(please circle one of the above)

\*\*Parent Helper Day: \_\_\_\_\_

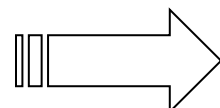
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**Payment is \$30.00 for 17 classes**  
**\*\*must have a library card\*\***

**REFUNDS WILL NOT BE GIVEN**

**Date Payment Received:** \_\_\_\_\_ **Cash or Cheque**

**Parent/Guardian Signature Required – Over**



**RELEASE FORM**

I, the undersigned, wish to have my child participate in the Storytime program sponsored by the Wainwright Public Library. In consideration of acceptance of this program, my child being permitted to take part in this program, I hereby agree as follows:

1. To save the harmless & keep indemnified the Wainwright Public Library and its respective agents, officials, servants, and representatives from and against all claims, actions, costs and expenses and demands in respect of death, injury, loss or damage to my child's person.
2. That I acknowledge that there is inherent risks associated with this activity and that my child could sustain personal injury through participation in this activity & that I am hereby accepting to take that risk on behalf of my child.
3. That I acknowledge that in this situation untrained volunteers or staff may be involved in supervising that activity and that I shall accept the responsibility of observing my child's participation in this activity and should I have any objection to the manner in which my child is being supervised or instructed, I accept the responsibility to remove my child from the activity.

This agreement shall be binding upon myself, my heirs, executors, and assigns. IN WITNESS WHEREOF I have here unto set my hand on \_\_\_\_\_.  
(today's date)

\_\_\_\_\_  
(parent/guardian)

\_\_\_\_\_  
(witness)

The personal information collected on this registration/release form is to be used to provide you with this library program. It may be shared among Wainwright Public Library staff members in order to verify registration, inform you of program activities, provide accurate medical information in case of emergencies and for statistical purposes. It is collected under the authority of Section 32 of the Freedom of Information and Protection of Privacy Act and it is protected under this act. If you have any questions on disclosure or use of this information, please ask your librarian.